

CORE
HUMAN SERVICES REPORTING SYSTEM
MULTIPLE CLIENTS

CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)				MODULE TYPE I		Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).				
Episode Key		1 Worker ID			2a Social Security Number			2b Client ID		
3a Last Name			3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy) ____ / ____ / ____	5 Sex F M	
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander			7 Client Characteristics					
OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)										
8a Street Address				8b City		8c State	8d ZIP Code	8e County	8f Telephone ()	
9 Start Date		10 Case Review Date		11 Diagnosis	12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data
CLIENT SERVICE - Screen 14										
Prog.No (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care*	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date (mm) (dd) (yyyy)	22 SPC End Date (mm) (dd) (yyyy)	23 Provider Number		24 SPC Review Date (mm) (yyyy)

Shaded areas optional.

*Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.
Exclude SPCs 201, 203, 204 & 504 where days are calculated in the module.

FAMILY MEMBER / RELEVANT OTHER - CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)

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